MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/029,042

FILING DATE

APPLICANT(S)

CLAIMS

CLAIMS	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.	CLAIMS	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				—	—	51						
2		/			—	—	52						
3		/			—	—	53						
4		/			—	—	54						
5		/			—	—	55						
6		/			/	—	56						
7	/					—	57						
8		/			—	—	58						
9		/			—	—	59						
10		/			—	—	60						
11		/			—	—	61						
12		/			—	—	62						
13	/				—	—	63						
14	/				—	—	64						
15		/			—	—	65						
16		/			—	—	66						
17		/			/	—	67						
18		/			—	—	68						
19		/			—	—	69						
20		/				—	70						
21		/				—	71						
22		/				—	72						
23		/				—	73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7				2		TOTAL IND.						
TOTAL DEP.	14				0		TOTAL DEP.						
TOTAL CLAIMS	21				2		TOTAL CLAIMS						

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS